

PART B - FEE(S) TRANSMITTAL

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29922 7590 08/09/2005

ESC/JAZ
 U.S. AIR FORCE
 40 WRIGHT ST.
 HANSCOM AFB, MA 01731

11/14/2005 GWORDF2 00000057 010465 10608755

01 FC:1501 1400.00 DA

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Thomas C. Stover	(Depositor's name)
<i>Thomas C. Stover</i>	(Signature)
8 November 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/608,755	06/30/2003	John J. Rusek	AFB00677	7180

TITLE OF INVENTION: H2O2 DECOMPOSITION CATALYST

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	11/09/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
JOHNSON, CHRISTINA ANN	1725	423-658200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Thomas C. Stover

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

United States of America as represented
 by the Secretary of the Air Force

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number AF01-0465 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Julian L. Siegel

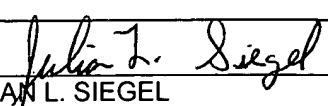
Date 8 November 2005

Typed or printed name JULIAN L. SIEGEL

Registration No. 22,407

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Effective 10/08/2004 Fees pursuant to the Consolidated Appropriations Act 2005 (H.R. 4810). FEE TRANSMITTAL For FY 2005		Complete if Known <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">Application Number</td> <td>10/608,755</td> </tr> <tr> <td>Filing Date</td> <td>30 June 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>John J. Rusek</td> </tr> <tr> <td>Examiner Name</td> <td>C. Johnson</td> </tr> <tr> <td>Art Unit</td> <td>1725</td> </tr> <tr> <td>Attorney Docket Number</td> <td>AFB00677</td> </tr> </table>		Application Number	10/608,755	Filing Date	30 June 2003	First Named Inventor	John J. Rusek	Examiner Name	C. Johnson	Art Unit	1725	Attorney Docket Number	AFB00677
Application Number	10/608,755														
Filing Date	30 June 2003														
First Named Inventor	John J. Rusek														
Examiner Name	C. Johnson														
Art Unit	1725														
Attorney Docket Number	AFB00677														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT: \$1,400.00															
METHOD OF PAYMENT (check all that apply)															
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____															
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>AF 01-0465</u> Deposit Account Name: <u>Dept of the Air Force</u>															
For the above-identified deposit account, the Director is hereby authorized to: (Check all that apply)															
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee															
<input checked="" type="checkbox"/> Charge any additional fee(s) or Underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments															
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FEE CALCULATION															
1. BASIC FILING, SEARCH, AND EXAMINATION FEES															
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)								
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)									
Utility	300	150	500	250	200	100	_____								
Design	200	100	100	50	130	65	_____								
Plant	200	100	300	150	160	80	_____								
Reissue	300	150	500	250	600	300	_____								
Provisional	200	100	0	0	0	0	_____								
2. EXCESS CLAIM FEES		Small Entity													
Fee Description	Fee (\$)	Fee (\$)	Fee (\$)												
Each claim over 20 (including Reissues)		50	25												
Each independent claim over 3 (including Reissues)		200	100												
Multiple dependent claims		360	180												
Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)									
_____ -20 or HP = _____	x _____	= _____													
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	- 3 or HP = _____	x _____	= _____									
_____	_____	_____	_____	_____	_____	_____									
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)											
_____ - 100 = _____	/50	_____ (round up to a whole number) x _____	= _____												
	Fees Paid (\$)														
Non-English Specification, \$130 fee (no small entity discount)	_____														
Other (e.g. late filing surcharge): _____ Issue Fee	\$1,400.00														
Signature 	Registration No. (Attorney/Agent) 22,407	Telephone (781) 377-4074													
Name (Print/Type) JULIAN L. SIEGEL		Date 8 November 2005													